2001 UNIFORM BUSINESS REPORT (UBR)

May 05, 2001 8:00 am DOCUMENT # N9600004820 Secretary of State ADJUTANT INTERNATIONAL DEVELOPMENT (AID), INC. 05-05-2001 90367 018 ****70.00 Principal Place of Business Mailing Address 279510 NEW YORK ST P O BOX 2741 NAPLES FL 34102 BONITA SPRINGS FL 34135-3410 2. Principal Place of Business Mailing Address P.O. Box 27951 New Yor 274 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3468726 BoniTA Not Applicable Collier \$8.75 Additional 5. Certificate of Status Desired X 34135 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MITCHELL, DAVID J Street Address (P.O. Box Number is Not Acceptable) 27951 NEW YORK ST. # 15 **BONITA SPRINGS FL 34135** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE **Addition** MITCHELL, DAVID J NAME NAME 546, 109 - Ave. N. 236 3RD STREET N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102 CITY-ST-ZIP Naples, FL 34108 ☐ Delete TITLE ☐ Change ☐ Addition MASCO, FRED NAME NAME STREET ADDRESS 4838 TAHITI LANE STREET ADDRESS NAPLES FL 43112 CITY-ST-ZIP CITY-ST-ZIP ST TITLE ☐ Delete TITLE ☐ Change Addition GALVIN, DANIEL NAME NAME 211 3RD STREET N.W. STREET ADDRESS STREET ADDRESS NAPLES FL 34120 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with the empowered.

SIGNATURE: David J. Mitchell
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4/26/01 (941) 571-3514

Daytime Phone #